were however not considered to be able to replace CE except for MEA (14% reported that it could replace CE versus 0% for the others). In countries where CE is not formally used, the proportion of experts considering them as relevant was lower except for the BOM: RoI (46%), MCDA (46%), QoC (18%), BOM (60%) and MEA (33%). Most reported barriers for use of the alternative methods were: no political interest, unfamiliarity with these methodologies, and lack of robust input data to conduct the evaluation. The method selection was most influenced by the appropriateness to the decision-making question, the country, and the vaccine or disease type assessed. **CONCLUSIONS:** Creating awareness on additional economic evaluation methods may support and facilitate the vaccine reimbursement decision-making process in Europe alongside the current CE analysis.

PIN69

ALLOCATING VACCINE FUNDS FOR PNEUMOCOCCAL VACCINATION OF INFANTS AND OLDER ADULTS: A METHOD FOR STRATEGIC EVALUATION IN THE NETHERLANDS

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OBJECTIVES: Pneumococcal conjugate vaccines are available in the Netherlands against pneumococcal disease in infants and adults. This analysis aimed to identify an optimal vaccination strategy between infants and adults when the budget is constrained. Extensive sensitivity analysis is performed around herd protection on Invasive Pneumococcal Disease (IPD) and Community Acquired Pneumonia (CAP) resulting from infant vaccination. **METHODS:** We developed an optimization model linked to a prevalence-based disease management sub-model. This program allows finding an optimal solution given an objective function (minimize cases; minimize quality-adjusted life-years (QALYs) lost; minimize life-years (LYs) lost) under budget constraints. Vaccine efficacy (VE) is based on clinical trial data. The model is run for different scenarios seeking for minimum indirect effect on IPD and on CAP in the whole population needed to keep infant vaccination as the optimal intervention, given a constrained budget. **RESULTS:** With the current disease burden and vaccine coverage rate in the Netherlands and considering an overall VE in adults against CAP of 4.5% and against IPD of 37% (estimates based on CAPITA clinical trial results), the model shows that vaccinating infants is the optimal strategy that minimizes pneumococcal-related events when compared with adult vaccination. If the objective is to minimize QALYs lost, vaccinating infants remains the optimal selection as long as the net indirect effect is ≥2% on CAP or ≥3% on IPD. When the objective is to minimize LYs lost, the minimum indirect effect should be ≥3% on CAP or ≥7% on IPD. Sensitivity analyses show that even if CAP VE in adults is 3 times higher, the estimated minimum indirect effect needed is still below the one obtained with the first pneumococcal conjugate vaccine. **CONCLUSIONS:** The optimal strategy within a constrained budget is to maintain infant vaccination instead of initiating elderly vaccination, given the reported evidence of indirect protection.

PIN70

COST-EFFECTIVENESS ANALYSIS OF A SHINGLES VACCINATION PROGRAM TO PREVENT HERPES ZOSTER AND POST- HERPETIC NEURALGIA IN THE SPANISH SETTING

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OBJECTIVES: A live-attenuated vaccine aimed at preventing herpes zoster (HZ) and post-herpetic neuralgia (PHN) is available in Europe for immunocompetent adults aged ≥50 years. The study objective is to assess the incremental cost-effectiveness ratio (ICER) of a vaccination program for this population in Spain when compared against the current strategy of no-vaccination. **METHODS:** A state-transition Markov model has been developed to simulate the natural history of HZ and PHN and the lifetime effects of vaccination. Several health states are defined including good health, HZ, PHN and death. HZ and PHN health states are divided to reflect pain severity. The Markov cycle was 1 month and lifetime horizon. The HZ vaccine lifetime duration (waning rate of 8.3%) and a PHN vaccine duration of 10 years. PHN proportion was obtained from Cebrián-Cuenca (2011) and adjusted to reflect the incidence of PHN among HZ patients with pain. The vaccine coverage rate estimated was 30%, considering discount rates of 3% for costs and utilities. The strength of the results was confirmed with a probabilistic analysis based on Monte Carlo simulation. **RESULTS:** A vaccination strategy compared to a no-vaccination resulted in 12.659€/QALY and 11.926€/QALY under third-party payer perspective and societal perspective respectively for the population aged ≥50 years. ICERs were within the commonly accepted thresholds of 30.000£/QALY (36.000€/QALY) gained in the UK. Sensitivity analyses showed that the model was most sensitive to discount rates and duration of vaccine protection. The lowest ICER was observed for the 70-74 years age group (6.657€/QALY under third-party payer perspective). **CONCLUSIONS:** In Spain, a shingles vaccination strategy in older population would be a cost-effective alternative in comparison with no vaccination, due to an ICER of 12.659€/QALY from the third-party payer perspective.

PIN71

COST-EFFECTIVENESS OF FECAL MICROBIOTA TRANSPLANT IN TREATING CLOSTRIDIUM DIFFICILE INFECTION IN CANADA

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OBJECTIVES: To estimate the cost-effectiveness of Fecal Microbiota Transplant (FMT) for Clostridium difficile infection (CDI) as compared to the current practice comprising of antibiotic treatments. **METHODS:** We developed a decision analytic model to compare strategies for the management of CDI, by age, gender, and three sources of infection: hospitals, communities, and long-term care facilities (LTCF). We performed validation analyses to demonstrate that the predicted CDI rates were a reasonable representation of the selected actual rates. Mortality rates were stratified by age. A probabilistic sensitivity analysis (PSA) was performed to account for the effect of uncertainty in the model parameters. **RESULTS:** For the current practice, we estimated that annually 75% of CDI cases are new infections; the rest are recurrences; 40% of CDI occurs among individuals aged 80+, 41% among 60-79, and 19% among those below 60; hospital-based CDI accounted for 69 % of all CDI, while community and LTCF based CDI accounted for 26% and 5% of all CDI, respectively. The recurrence rates for current antibiotic treatment were estimated at 25.3% and 35.9% for first and second recurrences, respectively. The recurrence rate for FMT was estimated at 10.4%. For the base case, we estimated 79.0 and 64.9 per 100,000 population cases of CDI for current practice and FMT, respectively. The number of deaths is estimated at 5.8 and 4.7 per 100,000 population for current practice and FMT, respectively. The results of the cost-effectiveness analysis indicate that in the base case, FMT is a dominant strategy. The results of the PSA reveal that for the majority of simulations, FMT is dominant (positive incremental QALYs and negative incremental cost). **CONCLUSIONS:** The results of the cost-effectiveness analysis indicate that FMT appears to be the dominant strategy, with lower costs and better outcomes than the existing antibiotic treatments.

PIN72

THE IMPORTANCE OF SENSITIVITY ANALYSIS IN ASSESSING CLINICAL AND ECONOMIC IMPACT OF NATIONAL IMMUNIZATION PROGRAMS: AN EXAMPLE OF SLOVENIA

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OBJECTIVES: To demonstrate the role of sensitivity analysis (SA) in assessing clinical and economic impact of national immunization programs. **METHODS:** We applied our recent cost-effectiveness model of pneumococcal vaccination to the local data in Slovenia, which is particularly notable for high incidence of community-acquired pneumonia (CAP) and acute otitis media (AOM). In the model, we followed the cohort of 21,938 Slovenian infants over their lifetime and compared two pneumococcal vaccine (PCV) options (PHiD-CV and PCV-13) with each other and with a "no vaccination" strategy (NVS) from a payer perspective, both at current and parity prices. The model simulated vaccine protection against both pneumococcal diseases (invasive, CAP, AOM) and AOM related to non-typeable *Heamophilus influenzae* (NTHi). We performed various sensitivity analyses, including probabilistic Monte Carlo simulations by employing parameter values derived from clinical trials and post-marketing surveillance data. **RESULTS:** SA has shown that PHiD-CV vaccine dominated PCV-13 vaccine across the range of parameters, both at current and parity prices, and robustness of domination was further confirmed by more than 95% out of 1,000 Monte Carlo simulations, where PHiD-CV dominated PCV-13. SA when comparing each vaccine with NVS showed that at current prices reduction of CAP, AOM, and myringotomy-procedure incidence by 50% in children younger than 10 years increased incremental cost-effectiveness ratio (ICER) from €4,237 per quality-adjusted life year (QALY) to €18,917/QALY for PHiD-CV and from €16,049/QALY to €35,040/QALY for PCV-13. At current prices, vaccination with PHiD-CV dominated NVS when at least 17.5% of parents of sick children would take a paid leave, which – in the Slovenian jurisdiction – constitute direct costs; in comparison, corresponding ICER for vaccination with PCV-13 vs. NVS was €12,306/QALY. **CONCLUSIONS:** Both base case and SA model findings suggest that Slovenian authorities would save resources by implementing national immunization program of infants with PHiD-CV as a vaccine of choice.

PIN73

THE PAN-GENOTYPIC COSTS-EFFECTIVENESS OF SOFOSBUVIR IN HEPATITIS C VIRUS

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OBJECTIVES: This study assesses the PAN-genotypic costs-effectiveness of sofosbuvir compared with standard of care in the Netherlands. **METHODS:** Untreated hepatitis C virus (HCV) infection results in chronic liver disease. The prevalence in The Netherlands is estimated at 0.1-0.4% with 50% of patients having HCV genotype 1 (GT1), 10% GT2, 30% GT3 and 10% GT4-5-6. Current standard of care (SoC), regardless of genotype consists of weekly subcutaneous pegylated interferon-alpha (PegIFN-α) plus daily oral ribavirin. In GT1, the protease inhibitors telaprevir or boceprevir are added. Sofosbuvir (SOF), a novel Direct Antiviral Agent (DAA), has consistently demonstrated high rates of sustained virological response (SVR) when given with ribavirin±PegIFN-α. This cost-effectiveness evaluation is based on a Markov transition model, that combines efficacy and safety data from published RCTs with SOF and SoC in all genotypes with specific attention for subgroups for whom no alternatives are available (no PegIFN-α eligibility). Medical resource use is based on clinical guidelines and expert opinion. Costs include treatment costs, monitoring costs, costs for treatment of complications and adverse events as well as productivity loss. The model has a lifetime horizon and costs are discounted with 4% and outcomes with 1.5%. Results are presented for an HCV mono-infected population with 20% cirrhotic patients. **RESULTS:** The incremental QALY gain for SOF was 1.23 in PegIFN-α eligible patients and 2.68 in those not eligible for PegIFN-α. The incremental costs were €25,291 for PegIFN-α eligible patients and €89,707 for those not eligible for PegIFN-α. The resulting PAN-genotypic ICERs were €20,487 for PegIFN-α eligible patients and €33,516 for those not eligible for PegIFN-α. **CONCLUSIONS:** PAN-genotypic cost-effectiveness is demonstrated for sofosbuvir in the treatment of HCV in the Netherlands.

PIN74

COST-EFFECTIVENESS OF HUMAN PAPILLOMAVIRUS VACCINATION PROGRAMMES PARALLEL TO CURRENT ROUTINE VACCINATION OF YOUNG TEENAGE GIRLS

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OBJECTIVES: Since 2009, 12-year-old Dutch teenage girls are vaccinated against human papillomavirus (HPV) infection. The current uptake of HPV vaccination, being approximately 60% nowadays, is however comparatively low. Consequently, a large group of women are still at risk of developing HPV-induced cervical cancer later on in life. Therefore, alternative HPV vaccination scenarios have been proposed, in addition to the existing programme, to provide additional protection against cervical cancer. Here, we assessed the cost-effectiveness of three different vaccination scenarios: (i) increased coverage of the existing programme, (ii) vaccination of girls at an older age, and (iii) vaccination of 12-year-old boys. **METHODS:** A dynamic model was used to estimate the full health-economic consequences of the existing programme with and without the above alternative scenarios. Costs and health effects of the alternative scenarios, expressed as life years (LYs) or quality-adjusted life years (QALYs) gained, were compared with the outcomes of the existing programme. In sensitivity analyses, the robustness of the model-predicted outcomes was evaluated. **RESULTS:** We found the incremental cost-effectiveness ratio of the existing HPV vaccination programme to be €9,500 per QALY gained. The cost-effectiveness of the alternative programs highly depends on the coverage at 12 years of age. The cost-effectiveness of girls 24 years of age remained below €50,000/QALY if coverage at 12 years of age increased up to 70%. Cost-effectiveness of vaccination boys at 12 years of age becomes unfavourable if coverage among 12-year old girls increases. **CONCLUSIONS:** From a health-economic perspective, alternative HPV vaccination programmes should be considered in the Netherlands to further reduce the burden of HPV-induced cancer. Until a high coverage among 12-year old girls in reached the addition of older girls to the current vaccination program is most cost-effective.

PIN75

A SYSTEMATIC REVIEW OF COST-EFFECTIVENESS ANALYSIS OF CD4 CELL COUNT VERSUS HIV VIRAL LOAD IN PRIMARILY RESOURCE-LIMITED SETTING

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OBJECTIVES: Utilization of routine viral load (VL) and CD4 cell count coupled to clinical monitoring of HIV patients needs to be carefully deliberated in cost-effectiveness, especially for resource-limited countries. The review was aimed to evaluate and compare the cost-effectiveness of these strategies individually and in combination. **METHODS:** A literature review was conducted for studies published in English from 2004 to 2014 on Pubmed, Web of Science, Ovid, Google Scholar, with keywords HIV, viral load, CD4, economic evaluation, and cost analysis. All underwent assignment of Levels of Evidence (LOE) by Oxford Center for Evidence-Based Medicine (CEBM), as well as Drummond scoring criteria. **RESULTS:** Thirty English publications were identified, including 14 modeling studies, 7 randomized clinical trials (RCT's), and 5 cohort studies among others. A total of 24 were based on resource-limited settings such as Africa, Latin America, and Asia. Compared with CD4, VL alone had incremental cost-effectiveness ratios (ICER's) ranging from $2520/LY to $3570/life year (LY); while that of CD4 alone compared to clinical monitoring was from $-13134/LY to $5768/quality-adjusted life year (QALY). The combination of CD4 and VL, which is recommended in real-life practice, compared to CD4 alone yielded ICER's ranging from $3956/QALY to $16139/QALY. The cost-effectiveness of these strategies was affected by factors such as the reference threshold for ICER, costs and monitoring regimens of the strategies and antiretroviral treatment. **CONCLUSIONS:** From the studies, it is critical to evaluate the cost-effectiveness of CD4 compared with VL contextually, with CD4 being more appropriate in resource-limited settings. VL is associated with improved benefit, however when used in combination with CD4, is usually not cost-effective. Compared with clinical monitoring alone CD4 usually produces greater cost-effectiveness.

PIN76

ADDING BOCEPREVIR YIELDS BETTER COST-SAVING FOR CHRONIC HEPATITIS C GENOTYPE 1 TREATMENT IN THAILAND

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OBJECTIVES: Current Thai guidelines reimburse peginterferon/ribavirin (PR) combination treatment for patients infected with all genotypes of chronic hepatitis C (CHC), based on the results of cost-effectiveness studies. Two trials, SPRINT-2 and RESPOND-2, have demonstrated that treatment with Boceprevir (BOC) in addition to PR results in significantly higher sustained virologic response rates than the current standard of care, PR alone for 48 weeks, in both treatment naïve and treatment experienced CHC genotype 1 patients. The aim of our analysis was to evaluate the cost-effectiveness of BOC-based treatment compared with PR alone from the perspective of the policy maker in Thailand over a lifetime horizon. **METHODS:** A decision analytic model was developed to simulate the treatment strategies described in the BOC label (BOC/PR) and PR alone, and to describe the natural history of CHC to make projections beyond the treatment phase. Separate analyses were conducted based on patients' treatment history and cirrhosis status. Patient characteristics were obtained from SPRINT-2 and RESPOND-2. Treatment characteristics including efficacy and the rate of side effects were obtained from subset analyses of these trials. Transition probabilities, costs, and health state utilities were obtained from previously studies. We projected the lifetime cumulative incidence of CHC-related liver complications – decompensated cirrhosis, hepatocellular carcinoma, liver-transplantation, liver-related mortality - discounted costs and QALYs associated with each treatment strategy. The incremental cost-effectiveness ratio was also assessed. **RESULTS:** For treatment naïve and treatment experienced patients, BOC/PR treatment is projected to reduce the incidence of CHC-related liver complications by 43-44% and 47-51%. BOC/PR is projected to be less expensive and result in increases of 0.13-2.62 QALYs for all non-cirrhotic patients and cirrhotic treatment-experienced patients. Cirrhotic treatment naïve patients was the only subgroup in which cost-effectiveness was not demonstrated. **CONCLUSIONS:** In the Thai setting, BOC/PR is projected to be cost-savings against PR alone in the majority of CHC genotype 1 patients, regardless of treatment history.

PIN77

A COST-EFFECTIVENESS EVALUATION FOR A NEW THERAPY IN HIV TREATMENT

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OBJECTIVES: Economical evaluation of Stribild in Turkey, which is a single tablet regimen indicated for the treatment of HIV-1 infection in adults aged 18 years and over who are antiretroviral treatment naive or are infected with HIV-1 without known mutations associated with resistance to any of the three antiretroviral agents in it. **METHODS:** STRIBILD™ was compared with various treatment options; tenofovir DF+emtricitabine+efavirenz (FTC/TDF+EFV), tenofovir DF+emtricitabine+ritonavir+lopinavir (FTC/TDF+LPV/r), tenofovirDF+emtricitabine+nevirapine (FTC/TDF+NVP), tenofovir DF+emtricitabine+darunavir (FTC/TDF+DRV+r), tenofovir DF+emtricitabine+raltegravir (FTC/TDF+RAL), lamivudine+zidovudine+efavirenz (3TC/AZT+EFV), lamivudine+zidovudine+ritonavir+lopinavir (3TC/AZ+LPV/r), lamivudine+zidovudine+nevirapine (3TC/AZT+NVP). The adherence rates were calculated from the increase rate in CD4 cell count and the risk of hospitalization as the effectiveness values. The data were taken from patient files from Hacettepe University that consists of 252 patients and 12 year follow-ups with an outpatient clinic, interventions, laboratory and imaging tests, medication usage, side effects, comorbidity's diseases and their treatments and complications. The costs of treatment of diseases were calculated by cost of disease methodology. Average annual cost per patient is calculated for health care technologies. Health technology effectiveness values are found from the literature review. Incremental cost-effectiveness ratio (ICER) was used for the comparison. **RESULTS:** According to comparison of rate of compliance to treatment, STRIBILD™ was cost effective against 3TC/AZT+EFV (2157.2 TL), FTC/TDF+LPV/r (612.7 TL), FTC/TDF+NVP (951.9 TL), FTC/TDF+DRV+r (544.28 TL) and cost saving aganist FTC/TDF+RAL (-166,22 TL). According to the rate of risk of hospitalization, STRIBILD™ was cost effective against 3TC/AZT+EFV (517.7 TL), FTC/TDF+LPV/r (318.6 TL), FTC/TDF+NVP (495 TL), FTC/TDF+DRV+r (283 TL), 3TC/AZT+EFV (632,4 TL), 3TC/AZ+LPV/r (425.6 TL), 3TC/AZT+NVP (591.2 TL). According to the increase rate in CD4 cell count and over 95% of compliance rate, STRIBILD™ was cost effective against FTC/TDF+EFV (392.2 TL) and cost saving against FTC/TDF+RAL (-308.7 TL), respectively. **CONCLUSIONS:** HIV is a life-threatening disease with in terms of major public health problem globally.. In this study, STRs in comparison of combination treatment strategies, has higher compliance rates, better outcomes and lower health care costs.

PIN78

THE COST-EFFECTIVENESS OF DIFFERENT SCENARIOS OF DETECTING OF TB AMONG HIV-INFECTED PEOPLE DEPENDING ON CD 4+ COUNT

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OBJECTIVES: The objective was to assess the cost-effectiveness of 3 scenarios for the diagnosis of TB among PLWH depending on CD 4+ count and their influence to treatment pathway and outcomes. **METHODS:** A deterministic decision analytic model was designed for three TB possible searching scenarios in three hypothetical cohorts of 1000 PLWH with different CD 4+ count (<200, 200-499, >500). The following scenarios were examined: "Base"— the current diagnostic scheme, according the National Program; "Addition"—the current diagnostic scheme and Xpert/Rif; "Replacement" – Xpert/Rif test only. Inputs's from the country report and Russian epidemiologic data. The analysis was conducted from the Russia health care perspective with an analytic horizon of 2 years. **RESULTS:** CD 4+ <200 cohort CER in "Base" is 541817, in "Addition" – 643771, "Replacement" – 648087. Additional cost per one successfully treated RUB1123K (23893 €), cost per death averted pts RUB5035K (107127 €), in "Addition" compared to "Base". CD 4+ 200 – 499 cohort CER in "Base" is 390693, in "Addition" – 550615, "Replacement" – 665529. Additional cost per one successfully treated RUB5422K (115361 €), cost per death averted pts RUB5226K (111191€) in "Addition" compared to "Base". CD 4+ >500 cohort CER in "Base" is 408581, in "Addition" – 642137, "Replacement" – 597470. Additional cost per one successfully treated RUB6093K (129638 €), cost per death averted pts RUB6649K (141468 €) in "Addition" compared to "Base". **CONCLUSIONS:** If it needs to solve, which of diagnostic scenarios we finance, we should take into account not only CER, but opportunity to miss TB cases. Using "Addition" is especially effective for diagnostic research in CD 4+ <200 cohort.

PIN79

SWITCHING FROM AN EFV-BASED STR TO A RPV-BASED STR IS EFFECTIVE, SAFE AND IMPROVES HIV PATIENTS HEALTH STATUS

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OBJECTIVES: Single-Tablet Regimens (STR) therapies are effective to maintain high adherence and improves HAART efficacy. **METHODS:** We evaluated viro-immunologic outcomes, Quality of Life (QoL), and costs of an unselected cohort of patients switching from TDF/FTC/EFV STR (≥6 months duration) to TDF/FTC/RPV STR. The considered outcome measures were quality-adjusted life years (QALYs) as measured with the EQ5D questionnaire and the overall direct health costs. 64 patients with a baseline viral load < 50 copies/ml were randomized to immediately switch therapy or to continue TDF/FTC/EFV for 4 months and then switch to TDF/FTC/RPV. 6 patients in the deferred switch group did not change cART. **RESULTS:** Patients were mostly males (73.4%) with a mean age of 46 years, a baseline mean HIV-RNA of 6.42 copies/ml and a mean baseline CD4 count of 588 cells/μL. The mean cost per patient resulted € 2,563 for STR with RPV arm and € 2,572 for STR with EFV arm. After 4 months the mean